

UNITED STATES DISTRICT COURT
for the
Northern District of Ohio

DARIAN AYALA VELAZQUEZ, SPECIAL ADMINISTRATOR OF THE ESTATE OF JOAN AYALA DIAZ, DECEASED)
Plaintiff(s))
v.) Civil Action No. 1:24-cv-879
PHIL R. STAMMITTI, LORAIN COUNTY SHERIFF, et al.)
Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* BON SECOURS MERCY HEALTH MEDICAL GROUP LLC
c/o Corporation Service Company
1160 Dublin Road, Suite 400
Columbus, OH 43215

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jeremy A. Tor

Nicholas A. DiCello
Spangenberg Shibley & Liber LLP
1001 Lakeside Ave. East, Suite 1700
Cleveland, OH 44114

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 1:24-cv-879

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: